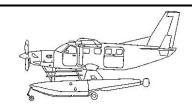


## U.S. DEPARTMENT OF THE INTERIOR

# INTERAGENCY AIRPLANE PILOT EVALUATION APPLICATION



| I. Applicant Information                                                                                                                            |                                   |                                                                                                               |                    |                      |                     |             |           |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------|----------------------|---------------------|-------------|-----------|-----------|
| a. Name (Last, First)                                                                                                                               |                                   |                                                                                                               | b. OfficeTelephone |                      | d. Office E-mail    |             |           |           |
|                                                                                                                                                     |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| a Employer                                                                                                                                          |                                   |                                                                                                               |                    | f Dravious Employe   | ar .                |             |           |           |
| e. Employer                                                                                                                                         |                                   |                                                                                                               |                    | f. Previous Employer |                     |             |           |           |
| Address                                                                                                                                             |                                   |                                                                                                               |                    | Address              |                     |             |           |           |
| City, ST ZIP                                                                                                                                        |                                   |                                                                                                               |                    | City, ST ZIP         |                     |             |           |           |
| Telephone                                                                                                                                           |                                   |                                                                                                               |                    | Telephone            |                     |             |           |           |
| Hire Date                                                                                                                                           |                                   |                                                                                                               |                    | Dates Employed       |                     |             |           |           |
| g. Flight Experience                                                                                                                                | Hours                             |                                                                                                               |                    | h. F                 | PILOT HISTORY:      |             |           |           |
| Total Pilot Time                                                                                                                                    |                                   | Date o                                                                                                        | of Last Agency F   | light Evaluation     | □OAS □USFS          |             |           |           |
| Pilot-In-Command (PIC) Airplane                                                                                                                     |                                   |                                                                                                               |                    | -                    |                     |             | _         |           |
| PIC Airplane last 12 Months                                                                                                                         |                                   | Date c                                                                                                        | of Previous Agen   | icy Card             | (Attach a           | conv)       | LIOA:     | S□USFS    |
| PIC Airplane Last 60 Days                                                                                                                           |                                   | (Attach a copy) YES NO Aircraft accidents within the last 5 years.                                            |                    |                      |                     |             |           |           |
| PIC Single Engine Airplane                                                                                                                          |                                   | YES NO FAA violations within the last 5 years.                                                                |                    |                      |                     |             |           |           |
| PIC Multiengine Airplane                                                                                                                            |                                   | YES NO OAS or USFS pilot qualifications card denied, suspended, or revoked.                                   |                    |                      |                     |             |           |           |
| PIC Seaplane                                                                                                                                        |                                   | Remarks: (Attach details and explanation for each YES)                                                        |                    |                      |                     |             |           |           |
| PIC Skiplane                                                                                                                                        |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| PIC Make & Model                                                                                                                                    |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| PIC Make & Model                                                                                                                                    |                                   |                                                                                                               |                    | i 14 CFR             | 121/135 QUALIFIC    | ATIONS      |           |           |
| IFR Simulated                                                                                                                                       |                                   | Date Make & Model Type of Qualific                                                                            |                    |                      |                     |             |           | on        |
| IFR Actual                                                                                                                                          |                                   |                                                                                                               | 24.0               | mano a m             | _                   |             |           |           |
| PIC Night                                                                                                                                           |                                   |                                                                                                               |                    |                      | □VFR                | ⊔IFK        | □IFR W/AP | □SIC Only |
| PIC Large Airplane (>12,500#)                                                                                                                       |                                   |                                                                                                               |                    |                      | □VFR                | □IFR        | □IFR W/AP | ☐SIC Only |
| PIC Turboprop                                                                                                                                       |                                   |                                                                                                               |                    |                      | □VFR                | □IFR        | □IFR W/AP | □SIC Only |
| PIC Jet                                                                                                                                             |                                   |                                                                                                               |                    | /A/II                |                     |             |           |           |
| PIC Low Level Airplane (<500' AGL)                                                                                                                  | (Attach FAA 8410-3 or equivalent) |                                                                                                               |                    |                      |                     |             |           |           |
| PIC Airtanker/Dispensing Ops.                                                                                                                       |                                   | j. AIRTANKER/SCOOPER OPERATIONS 14 CFR (dates as required)                                                    |                    |                      |                     |             |           |           |
| PIC Mission Specific                                                                                                                                |                                   | 61.55 SIC Qualification                                                                                       |                    |                      | 61.56 Flight Review |             |           |           |
| PIC Typical Terrain                                                                                                                                 |                                   | 61.57 IFR Currency 61.58 PIC Proficiency                                                                      |                    |                      |                     |             |           |           |
| The Typical Terrain                                                                                                                                 |                                   | (Attach a copy of endorsement or logbook entries)                                                             |                    |                      |                     |             |           |           |
| Second-In-Command (SIC) Airplane                                                                                                                    |                                   | k. I certify that the information listed on this form is true and correct. In addition, I certify that I have |                    |                      |                     |             |           |           |
| SIC in Class                                                                                                                                        |                                   | read the information provided pursuant to Public Law 93-579 (Privacy Act of 1974).                            |                    |                      |                     |             |           |           |
| SIC Make and Model                                                                                                                                  |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| SIC Mission Specific                                                                                                                                |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| ·                                                                                                                                                   |                                   |                                                                                                               |                    |                      |                     | . 6: .      |           |           |
|                                                                                                                                                     |                                   |                                                                                                               | Date               |                      | Pilo                | t Signature |           |           |
|                                                                                                                                                     |                                   |                                                                                                               |                    |                      |                     |             |           |           |
|                                                                                                                                                     |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| III because to a local control of                                                                                                                   | Date                              |                                                                                                               | Company Official   |                      |                     |             |           |           |
| II. Inspector Information:                                                                                                                          |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| Verified Certifications:                                                                                                                            |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| Pilot Certificate Medical Certificate 14 CFR 135 Evaluation 14 CFR 137 Endorsement A-110 Certificate                                                |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| Approved atta                                                                                                                                       | ich OAS-3                         | 30A                                                                                                           | Disapproved (      | (see remarks)        |                     |             |           |           |
|                                                                                                                                                     |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| Remarks:                                                                                                                                            |                                   |                                                                                                               |                    |                      |                     |             |           |           |
|                                                                                                                                                     |                                   |                                                                                                               |                    |                      |                     |             |           |           |
|                                                                                                                                                     |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| Locatify that I have varified the information listed on this form and that it is true and account to the heat of any branch to                      |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| <ol> <li>I certify that I have verified the information listed on this form and that it is true and correct to the best of my knowledge.</li> </ol> |                                   |                                                                                                               |                    |                      |                     |             |           |           |
|                                                                                                                                                     |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| Inspector:                                                                                                                                          |                                   |                                                                                                               |                    |                      |                     |             |           |           |
| (Print Nan                                                                                                                                          |                                   | (Signature) (Agency)                                                                                          |                    | (D                   | ate)                |             |           |           |

#### **OAS-64A Instructions**

### I. Applicant Information

- a-d. Contact information, telephone number and or email address, if available should be business contact information, not personal.
- e. Employed by: This is the company with the contract or agreement
- f. Previous employer information.
- g. Provide times that are applicable to the contract or agreement. Write in each make and model offered in the space provided. Provide mission specific and typical terrain as specified in the contract.
- h. Date of previous card and/or flight evaluation: Not required, but helpful in determining if a flight evaluation is required. Must answer yes or no to each question regarding accidents, violations and pilot card actions. Yes answers will not automatically disqualify the applicant. Attach as much additional information as necessary. If previously reported, attach only the evidence necessary to prove that the occurrence has been cleared by OAS. Report ALL accidents within the last 5 years. Only report FAA violations that were finalized within the past 5 years. Report all OAS and/or USFS card denials, suspensions and/or revocations within the past 5 years.
- i. 14 CFR 121 or 135 Qualifications: Provide documentation, such as FAA 8410, as specified in the procurement document. Only fill in for aircraft that will be operated on contract. Use drop-down list for make and model entry unless it is not listed; then type in appropriate make and model.
- j. Airtanker/Scooper: If SIC provide date of 14 CFR 61.55 compliance and a copy of logbook endorsement. If PIC provide date of 14 CFR 61.56 flight review compliance and a copy of logbook endorsement. If PIC and the contract requires IFR capability, provide the date of a current IPC and a copy of logbook endorsement or evidence of IFR currency. If a 14 CFR 61.58 Pilot-in-command proficiency check (PPC) is required for the aircraft under contract provide the date of last PPC and a copy of evidence of completion of said PPC.
- k. The application must be signed and dated. Electronic signatures are acceptable.

#### PRIVACY ACT NOTICE

General - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals supplying information for inclusion in a system of records. Authority - The authority to collect the information on the attached form is contained in 5 USC 552A.

Purpose and Use - This information, along with data you may have supplied previously, and information developed by investigation will be for use by such as:

- 1. To determine your pilot qualifications to comply with contract specifications.
- 2. Transfer to the U.S. Department of Justice in the event of litigation.
- 3. Transfer, in the event there is indicated violation or potential violation of a statute, regulation, whether civil, criminal, or regulatory in nature, to the appropriate agency or agencies, whether Federal, State, local, or foreign, charged with the responsibility of investigation or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, order, or license violated or potentially violated.

II. Inspector Information – To be completed by the inspector. Check approved or Disapproved as appropriate. If approved attach a copy of pilot card issued. If disapproved provide explanation in the remarks section and document on OAS-68. Signature must be actual or electronic signature generated by HSPD-12.

Pilot History – If a pilot checks any yes box: Review all provided information and gather any additional information deemed necessary. Anything not previously cleared by OAS or the USFS forward to appropriate personnel for review and final disposition.